DRUG UTILIZATION REVIEW (DUR) BOARD MEETING MINUTES
Hybrid: Brown Conference Room 468 & Zoom Conference
June 19, 2023

Members Present: Sue DeLeo, RPh; Tessa Lafortune-Greenberg, MD; William McCormick, PharmD; Melissa Myers, MD; Rory Richardson, MD (virtual); Kaitlyn Simoneau, PharmD

Members Absent: none

Presenters and Professional Staff: Margaret Clifford, RPh; Lise Farrand, RPh; Honesty Peltier, PharmD, Clinical Manager, Magellan RX/Prime Therapeutics

Agenda: Attached

1:05 PM, Ms. Clifford opened the public comment and presented the DUR policy for the public hearing.

Speaker	Company	Topic
Sylvia Poulos, PhD, RD, LD	Recordati Rare Diseases	Carbaglu®
Tyson Thompson, PharmD, MBA	Pfizer	Nurtec® ODT
Omer Aziz, PharmD	Teva	Ajovy®
Amanda Haikalis, PharmD, MBA	Medunik	Pheburane®
Willis Lonzer, PhD	Horizon Therapeutics	Ravicti®
Annie Vong, PharmD	AbbVie	Qulipta®

Meeting called to order at 1:40 PM

I. INTRODUCTIONS AND WELCOME TO BOARD MEMBERS

II. OLD BUSINESS

a. Dr. McCormick presented the committee with the draft minutes from the December 13, 2022 meeting.
b. Board Discussion
  i. No comments.

MOTION	To accept the proposed draft minutes from the December 13, 2022 DUR meeting with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

III. NEW BUSINESS

A. DUR Business Operations

1. **Overview of Drug Utilization Patterns for the New Hampshire Medicaid Fee-for Service Program**
    a. Overview of Drug Utilization Program and Patterns for New Hampshire Medicaid was presented.
2. **Prospective DUR Reports**
    a. Approximately 640 to 835 claims each month generated ProDUR messages from August 2022 to April 2023.
    b. The prospective DUR report for August 2022 to April 2023 was presented and reviewed. The top 5 encounters of the ProDUR modules were reviewed for each category:
        i. Drug-Drug Interactions
            1. Bupropion – Quetiapine
            2. Quetiapine – Trazodone
            3. Quetiapine – Hydroxyzine
            4. Lithium – Furosemide
            5. Lacosamide – Lamotrigine
        ii. Duplicate Ingredient
            1. Quetiapine
            2. Oxcarbazepine
            3. Olanzapine
            4. Dexmethylphenidate
            5. Furosemide
        iii. Duplicate Therapy
            1. Oxcarbazepine – Oxcarbazepine
            2. Quetiapine – Quetiapine
            3. Docusate – Polyethylene Glycol
            4. Sertraline – Sertraline
            5. Dexmethylphenidate – Dexmethylphenidate
        iv. Early Refill
            1. Quetiapine
            2. Polyethylene Glycol
            3. Fluoxetine
            4. Oxcarbazepine
            5. Omeprazole
    c. The Early Refill (ER) report from August 2022 to April 2023 was reviewed with the report broken down by reason for request. COVID was added as a reason for early refill requests beginning in March 2020 due to the pandemic. There have been no early refill requests due to COVID since March 2020. The most consistent reasons for requesting early refills were Increased/Variable Dose followed by Lost or Stolen.

3. **Utilization Reports**
    a. Two utilization analysis reports were presented on data from August 2022 to April 2023. The first set of reports contained the claims for COVID vaccines and OTC Home COVID test kits. There were 24,987 total claims with an average payment per claim of $420.37. COVID vaccines generally skew the utilization toward SSB (single source brands) while the OTC Home COVID test kits skew utilization toward MSB (multiple source brands). The second set of reports remove all COVID vaccine and OTC Home COVID test kits to focus on the trends within FFS. During August 2022 to April 2023, there were 9,753 claims with an average payment per claim of $976.29. The average generic drug rate was consistently over 85% throughout the 9 months.
4. **Retrospective DUR Reports**
    a. A RetroDUR review for September 2022 to May 2023 was presented showing a total of 9 topics which had been completed. The report showed a breakdown of each topic by # of letters mailed to prescribers, # of affected members, # of responses to letters received and the % of responses received. It was noted that some activities are for the purpose of education and do not request feedback from the prescriber which impacts the response rate for these activities.
    b. RetroDUR activities that occurred June 2022 to November 2022 were further summarized and presented to the DUR Board for consideration. Six months following the RetroDUR activity, the claims for impacted members were reviewed for changes to prescribing. The claim adjustments were summarized showing additional impact to patient care that may not be captured in the letter response.
5. **RetroDUR Interventions**
    a. The board reviewed the list of possible RetroDUR intervention topics for implementation beginning June 2023. The board decided on the following interventions:

Summary Criteria ID	Criteria Desc	Estimated # of Exceptions
15044	Buprenorphine dental warning	31
7734	Diabetes without an ACEI or ARB in history -Include option in response letters “Medical criteria to start medication has not been met by the patient”	21
7855	High Risk Medications in persons 65 or older	11
15032	Short-Acting Beta Agonists (2 or more in 90 days without an asthma controller medication)	8
7910	Diabetics aged 40-75 with no statin	6
7765	SSRI noncompliance – 10 day gap	4

B. COVID-19 Status Update

1. COVID vaccines have been available for adjudication through the pharmacy claims system since mid-December 2020. All Medicaid recipient's vaccine claims are covered through the Fee-for-Service Program if the claim is billed through POS. There were 7,595 paid claims for COVID vaccines for Medicaid recipients from June 1, 2022 through May 31, 2023. There were 6,768 unique Medicaid IDs with claims for at least 1 vaccine dose. This does not account for all vaccine administration for Medicaid recipients, as the state sites did not bill insurances and vaccine administration in a provider's office are not captured in this pharmacy program summary. Over-the-Counter Home COVID test kits have been covered through the Fee-for-Service Program since January 2022. There were 10,790 claims for 80,477 test kits billed through POS between June 1, 2022 and May 31, 2023.
2. Dr. Simoneau requested information regarding the plan for NH Medicaid coverage of the over-the-counter naloxone nasal spray. NH Medicaid has initiated the process to update the State Plan Amendment with Centers for Medicare and Medicaid Services (CMS) to allow broader coverage of non-legend over-the-counter drugs as the department determines coverage to be necessary for NH Medicaid beneficiaries.

C. Review of Current Clinical Prior Authorization Criteria with Proposed Changes

1. **Benign Prostatic Hyperplasia (BPH)**
   a. Add the new combination drug Entadfi™ (finasteride/tadalafil) to the criteria.
   b. Board Discussion
      i. No comments.

MOTION	To accept the Benign Prostatic Hyperplasia (BPH) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

2. **Calcitonin Gene-Related Peptide (CGRP) Inhibitor**
   a. Remove the mechanism of action from the indication list to increase readability.
   b. Update FDA-approved indication for Qulipta™ to include preventative treatment of chronic migraine in adults.
   c. Adjust the initial approval period to 6 months for all migraine prevention treatments.
   d. Board Discussion

i. Verify the quantity limits noted in the criteria are limited to available dosage forms.
ii. Extend the initial approval period to 6 months for cluster headache prevention.

MOTION	To accept the Calcitonin Gene-Related Peptide (CGRP) Inhibitor Criteria as presented with amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

3. **Convenience Kits (RX)**
   a. Remove the kits that are not MDRP (Medicaid Drug Rebate Program) eligible.
   b. Add Naprotin™ to the eligible list, a kit containing naproxen tablets and capsicum oleoresin topical.
   c. Board Discussion
      i. No comments.

MOTION	To accept the Convenience Kits (RX) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

4. **Dupixent®**
   a. Modify the indication paragraph into a list for approved FDA indications.
   b. Update coverage of Dupixent® for asthma in patients with eosinophilic asthma and an exacerbation OR in patients who require oral corticosteroids.
   c. Remove non-smoker requirement for asthma diagnosis.
   d. For the atopic dermatitis indication, update the requirements for prior therapy to a topical corticosteroid and a topical calcineurin inhibitor including Eucrisa®.
   e. Remove the short-term requirement for Dupixent® therapy for atopic dermatitis.
   f. Extend the initial and renewal approval time to 6 months and 12 months, respectively.
   g. Board Discussion
      i. Remove active smoker as an acceptable reason for denial.
      ii. Remove the additional “AND” on step 6.

MOTION	To accept the Dupixent Criteria as presented with amendments.

MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

5. **Hepatitis C**
    a. Adjust all AASLD/IDSA recommended treatment tables to align with current guidelines.
    b. Remove the additional language regarding special case for patients with hepatocellular carcinoma awaiting liver transplant.
    c. Remove the language in the additional screening consideration regarding substance use or alcohol use screening.
    d. Board Discussion
        i. No comments.

MOTION	To accept the Hepatitis C Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

6. **Hyaluronic Acid Derivatives - Injection**
    a. Add SynoJoynt™ injection to the brand name list of drugs to treat osteoarthritis in the knee.
    b. Board Discussion
        i. No comments.

MOTION	To accept the Hyaluronic Acid Derivatives - Injection Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

7. **Juxtapid®**
    a. Update the available dosage forms for Juxtapid®.
    b. Board Discussion
        i. No comments.

MOTION	To accept the Juxtapid® Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

8. **Long-Acting Opioid Analgesic**

a. Adjust the dosage forms for various drugs due to discontinuation.
b. Exempt patients with cancer or sickle cell disease from prior authorization as originally intended.
c. In response to FDA guidance, identify patients with severe, persistent pain as those requiring long-acting opioids.
d. Board Discussion
    i. Adjust the language identifying the exempt patient to read "patients with pain associated with cancer or sickle cell disease".

MOTION	To accept the Long-Acting Opioid Analgesic Criteria as presented with amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

9. **Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease**
    a. Add Leqembi™ to the criteria.
    b. Extend the baseline measures to assess for mild cognitive impairment of mild Alzheimer's disease to a wider range based on Leqembi™ clinical trial data points.
    c. Allow for cerebrospinal fluid assessment of amyloid beta to confirm diagnosis.
    d. Adjust the MRI monitoring recommendations for Aduhelm® and Leqembi™ as noted in the package inserts.
    e. Board Discussion
        i. No comments.

MOTION	To accept the Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

10. **Pulmonary Arterial Hypertension**
    a. Add Tadliq® as the new product for Pulmonary Arterial Hypertension.
    b. Remove the adult age requirement as Revatio® is approved in patients as young as 1 year of age.
    c. Board Discussion
        i. No comments.

MOTION	To accept the Pulmonary Arterial Hypertension Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

11. **Skin Disorders**
    a. Extend the coverage of Cibinqo™ to include pediatric patients as young as 12 years old.
    b. Board Discussion
        i. No comments.

MOTION	To accept the Skin Disorders Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

12. **Systemic Immunomodulators**
    a. Add Amjevita™, a Humira® biosimilar, to the criteria for all FDA-approved diagnoses.
    b. Update the FDA-approved indications for Actemra® to include hospitalized adults with COVID-19 who require ventilation assistance.
    c. Update the FDA-approved indications for Kevzara® to include polymyalgia rheumatica for adults.
    d. Update the FDA-approved indications for Olumiant® to include hospitalized adults with COVID-19 who require ventilation assistance.
    e. Update the FDA-approved indications for Rinvoq® to include moderately to severely active ulcerative colitis in adults.
    f. Board Discussion
        i. Replace the newest indication for Rinvoq® to moderately to severely active Crohn's disease.

MOTION	To accept the Systemic Immunomodulators Criteria as presented with amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

13. **Weight Management**
    a. Remove Qsymia® as it is no longer MDRP eligible.
    b. Extend the coverage for Wegovy® to pediatric patients 12 years of age and older.
    c. Board Discussion

i. Extend the initial approval time to 6 months for pediatric patients.

MOTION	To accept the Weight Management Criteria as presented with amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

D. Review of Current Clinical Prior Authorization Criteria with No Proposed Changes

1. **Codeine for Pediatric Use**
   a. Board Discussion
      i. No comments.

MOTION	To accept the Codeine for Pediatric Use Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

2. **Rho Kinase Inihibitor**
   a. Board Discussion
      i. No comments.

MOTION	To accept the Rho Kinase Inhibitor Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

3. **Stromectol**
   a. Board Discussion
      i. No comments.

MOTION	To accept the Stromectol Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

E. Proposal of Clinical Prior Authorization Criteria to Retire

1. Allergen Extract
2. Fibromyalgia
3. Inhaled Insulin
4. Symlin®
5. Board Discussion

a. No comments.

MOTION	To accept the recommendation to retire the prior authorization criteria listed.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

F. Proposal of New Clinical Prior Authorization Criteria

1. **Hemgenix® (etranacogene dezaparvovec-drlb)**
   a. Hemgenix® (etranacogene dezaparvovec-drlb) is indicated for treatment of adults with hemophilia B (congenital factor IX deficiency) who currently use factor IX prophylaxis therapy, or have current or historical life-threatening hemorrhage or repeated, serious spontaneous bleeding episodes.
   b. Requires management by a hemophilia treatment center.
   c. Requires negative factor IX inhibitor titers at baseline and periodically after Hemgenix® treatment.
   d. Requires liver function monitoring at baseline and periodically after Hemgenix® treatment.
   e. Requires abdominal ultrasounds and alpha-fetoprotein monitoring in select patients with pre-existing risk factors.
   f. Approval is for a single lifetime infusion.
   g. Board Discussion
      i. Remove the note "Not intended for use in women."
      ii. Under criteria for denial, remove the initial criteria if patient is positive for factor IX inhibitors.

MOTION	To accept the Hemgenix® (etranacogene dezaparvovec-drlb) Criteria as presented with amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

2. **Topical Retinoids**
   a. New criteria for patients ≥ 40 years of age requesting coverage of a topical retinoid to avoid use for cosmetic indications.
   b. Board Discussion
      i. No comments.

MOTION	To accept the criteria for Topical Retinoids Criteria with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

G. Proposal of Additions to Preferred Drug List (PDL)

a. Urea Cycle Disorders, Oral - These products are indicated for the chronic management of various urea cycle disorders. The intent is to cover all urea cycle disorder variations including deficiencies in carbamylphosphate sythetase, ornithine transcarbamylase, argininosuccinic acid sythetase, hyperammonemia due to n-acetylglutamate synthase deficiency, acute hyperammonemia due to propionic acidemia or methylmalonic acidemia.

b. Board Discussion
    i. No comments

MOTION	To accept the addition of Urea Cycle Disorders, Oral as a managed class on the Preferred Drug List.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

Meeting was adjourned at 3:30 PM